UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Katheline Pierre

Write the full name of each plaintiff.

_____CV_____
(Include case number if one has been assigned)

-against-

John Doe, et al. Brinks Inc.

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?
☐ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than $75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ **Federal Question**

☑ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

_____

_____

_____

_____

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff , Katheline Pierre , is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

_____.

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, John Doe, employee at Brinks Inc, is a citizen of the State of
(Defendant's name)

Virginia

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

_____.

If the defendant is a corporation:

The defendant, John Doe, employee at Brinks Inc, is incorporated under the laws of the State of Virginia

and has its principal place of business in the State of Virginia

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Katheline | | Pierre

First Name | Middle Initial | Last Name

421 8th Avenue Unit 7942

Street Address

New York, NY | New York | 10116

County, City | State | Zip Code

3477625736 | kathelinepierre@gmail.com

Telephone Number | Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

John — First Name
Doe — Last Name

Brinks Armored Truck Driver
Current Job Title (or other identifying information)

1801 Bayberry Ct
Current Work Address (or other address where defendant may be served)

Richmond — County, City
Virginia — State
23226 — Zip Code

Defendant 2:

First Name
Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City
State
Zip Code

Defendant 3:

First Name
Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City
State
Zip Code

Defendant 4:

First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: Chase Bank at the corner of Fulton St and Bond St (490 Fulton St, Brooklyn, NY 11201)

Date(s) of occurrence: October 20, 2020 - Present

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

On October 20, 2020, while crossing the street, I, plaintiff, Pierre was struck by a Brinks Armored Truck driver who was reversing on the corner of the street in downtown Brooklyn. The impact caused, I, plaintiff, Pierre to be thrown into the air, resulting in severe injuries. I, plaintiff, Pierre suffered multiple fractures and muscle spasms, including her neck, back, arms, and legs, and was treated at the emergency room on the same day and have continued physical therapy to date. Following the accident, I, plaintiff, Pierre have been unable to return to work or perform daily activities due to a permanent disability characterized by low function mobility disability. The defendant, John Doe was negligent and did not look behind to see if a pedestrian was behind them crossing the road. When the defendant John Doe, hit me, the plaintiff, Pierre, I was immediately knocked unconscious. I had a shopping cart that helped break my fall but was in pain and shock almost immediately. Things are different now. I have trouble processing information, completing daily activities, working and so much more.

The plaintiff is invoking her rights under Title I of the Americans with Disabilities Act (ADA) to request reasonable accommodations due to her legal disability and low-function mobility. The plaintiff seeks to address her challenges in pursuing this legal action without legal representation or proficiency in law "pro-se". I, the plaintiff, Pierre am claiming personal injury resulting from the negligent operation of the Brinks Armored Truck, leading to significant physical harm and emotional distress of my person, plaintiff, Pierre.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I suffered bruising to my neck, arm, legs, and back. I was treated initially at the Lower Manhattan NY Presbyterian Hospital for my injuries. I suffered fractures to neck, arm, and legs. I was examined the following month by TXO Chiropractor and found to have been severely injured with muscle spasms, disc buldges, and fracture to neck, arm, back, and legs. Please view Exhibit A - Medical History Report

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

The amount of controversy exceeds $75,000.

I am seeking $5 million in damages for my injuries, medical expenses, lost wages, pain and suffering, and ongoing disability. The plaintiff also requests legal disability accommodations to support claim under Title I, ADA.

Plaintiff also requests or service of papers by Marshall or other special appointment.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

07/18/2024	/s/KathelinePierre
Dated	Plaintiff's Signature
Katheline	Pierre
First Name Middle Initial	Last Name
421 8th Avenue Unit 7942	
Street Address	
New York, NY	New York 10116
County, City	State Zip Code
3477625736	kathelinepierre@gmail.com
Telephone Number	Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☑ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

United States District Court
Southern District of New York

Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER[1] at www.pacer.uscourts.gov or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.[2] Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.[3]

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[1] Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

[2] You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. *See* ECF Rule 4.3

[3] The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

TXO Chiropractic
25-15 Crescent St
Astoria, NY 11102
T : 3472721520
F : 7184259936

Re: Ms. Katheline Pierre

Date of Accident: October 20, 2020

To Whom It May Concern:

On October 27, 2020, Ms. Katheline Pierre presented for an initial examination and evaluation of her complaints arising from a motor vehicle accident in which she was involved on October 20, 2020.

In order to describe the injuries sustained in the accident of October 20, 2020, the following report contains the subjective and objective findings of our evaluation of Ms. Pierre, which was performed on October 27, 2020.

Ms. Pierre stated that she utilized public transportation to arrive to her appointment today.

INJURY DESCRIPTION:
Ms. Pierre reported, "While walking a Brink Armored truck back up into my causing me to fall 3 feet forward injuring my head neck back and feet. I was in and out for almost a half hour."

SUBJECTIVE CHIEF COMPLAINTS (CC):
An assessment of Ms. Pierre's current signs and symptoms was performed today:
Her first symptom is dull and throbbing bilateral temporal headaches. It occurs between three fourths and all of her awake time, and *precludes carrying out* activities of daily living. Ms.Pierre also reported dizziness and loss of balance sensations.

Ms. Pierre's second stated symptom is dull, aching and spastic pain in the neck on the left side. She stated that this symptom radiates into both hands. It occurs between three fourths and all of her awake time, and *precludes carrying out* activities of daily living. It is aggravated by standing, sitting and by lifting.

She stated her third symptom is dull, aching and spastic pain in the mid back bilaterally. It occurs between three fourths and all of her awake time, and *precludes carrying out* activities of daily living. It is aggravated by standing, sitting and by lifting.

Her next symptom is dull, aching and spastic pain in the low back bilaterally. This symptom radiates into the right hip, the right leg and the right foot. It occurs between three fourths and all of her awake time, and *precludes carrying out* activities of daily living. It is aggravated by standing, sitting and by lifting.

She stated her next symptom is dull, aching and spastic pain in both shoulders. It occurs between three fourths and all of her awake time, and *precludes carrying out* activities of daily living. It is aggravated by lifting.

Another symptom is sharp and aching pain in the bilateral knee. It and *precludes carrying out* activities of daily living. It is aggravated by standing and by lifting.

She also complained of dull and aching pain in the right foot. It occurs between three fourths and all her awake time, and *precludes carrying out* activities of daily living. It is aggravated by standing and by lifting.

Her next symptom is dull and aching pain in the left elbow. It occurs between three fourths and all of her awake time, and *precludes carrying out* activities of daily living. It is aggravated by lifting.

ACTIVITIES OF DAILY LIVING ASSESSMENT:
Based on an assessment of Ms. Pierre's history of this injury, along with her subjective complaints, objective findings, radiographic analyses, and other test results, it is evident from a standpoint of medical certainty, that her current condition did result from the type of accident described in this report. She reported suffering varying degrees of losses of functional capacity with the following activities:

With regard to *Self Care and Personal Hygiene*, Ms. Pierre stated: taking out the trash and doing the laundry can be virtually impossible to do at all, because of intense pain; tying her shoes can be managed by herself, despite marked pain.

With regard to *Physical Activity*, Ms. Pierre stated: standing for long periods, walking for long periods and kneeling for long periods can be virtually impossible, because of extreme pain; sitting continuously can be managed alone, despite marked pain.

Regarding *Functional Activities*, Ms. Pierre stated: carrying large objects can be virtually impossible to do at all, because of intense pain; carrying small objects, lifting weights off the floor, pushing things while standing and pulling things while standing can be managed by herself, despite marked pain.

Regarding *Travel*, Ms. Pierre stated: riding on trains can be managed by herself, despite marked pain.

Regarding *Sleeping*, she stated: her ability to sleep a normal, restful nights sleep is moderately restricted by her condition.

She has been getting help from her friends with chores around the house and shopping. She also notes difficulty studying and going to online classes.

HISTORY OF PRESENT ILLNESS (HPI):
PAST, FAMILY AND SOCIAL HISTORY (PFSH):
Medical History:
The patient denied any previous history of diabetes and/or endocrine disorders, hypertension and /or cardiovascular illnesses, cancers, integumentary disorders, or neuromuscular diseases. Katheline also had NKDA and denied any significant surgical history, hospitalizations, or fractures.

Medications History:
Tylenol and Lidoderm patches.

Occupational History:
She is a student.

Social History:
Ms. Pierre denies the use of tobacco and alcohol.

Prior Treatment Information:
In the morning when her pain did not subside She called her doctor. She went to NY presbyterian via Taxi. She had Xrays of her left shoulder, left elbow, right knee, and legs. It was negative for fracture. She was also prescribed a cervical collar.

OBJECTIVE TESTING:
GENERAL PHYSICAL EXAMINATION:
Ms. Pierre is a right-handed 27 year-old female.

Date of Birth: February 16, 1993.

Her superficial appearance suggested she was in distress. **Minor's Sign** was present. This sign is present when the patient, in arising from a chair, leans forward, jackknifing the thighs and the dorsolumbar spine so that the head is over the feet. Using the hands on the thighs or the arms of the chair, the patient pushes the body to an upright position, thus sparing lower limb effort. The presence of this sign is usually indicative of sciatica.

Weight: 135 pounds. **Stature:** Average build. **Height:** 5 feet, 7 inches.

Ms. Pierre had noticeable difficulty negotiating the exam bed. She was Rx a soft cervical collar but has not picked it up yet.

Postural Evaluation:
The patient's spine, extremities, gait, etc., were thoroughly inspected visually revealing anomalies which included cervical hypolordosis, walking in a stiff/guarded manner, rounded shoulders and lumbar hyperlordosis.

PALPATION EVALUATION:
Palpation, which is an examination using the hands, was performed to evaluate Ms. Pierre's response to pressure and to examine tissue consistency.

Cervical region palpation revealed the following: moderate muscle spasms, and subluxations overlying the upper cervical range bilaterally; moderate muscle spasms, and subluxations overlying the mid cervical range bilaterally; moderate muscle spasms, and subluxations overlying the lower cervical range bilaterally.

Thoracic region palpation revealed the following: moderate muscle spasms, and subluxations overlying the upper thoracic range bilaterally; moderate muscle spasms, and subluxations overlying the mid thoracic range bilaterally; moderate muscle spasms, and subluxations overlying the lower thoracic range bilaterally.

Lumbosacral region palpation revealed the following: moderate muscle spasms, and subluxations overlying the upper lumbar range bilaterally; moderate muscle spasms, and subluxations overlying the mid lumbar range bilaterally; moderate muscle spasms, and

subluxations overlying the lower lumbar range bilaterally. Palpation revealed the following: articular fixations of the bilateral SI joint.

RANGE OF MOTION STUDIES:
The following joint range of motion calculations and analyses were performed to determine Ms. Pierre's present condition with regard to joint motion:
Active ranges of motion of the cervical and lumbar spines were found to be very restricted, with pain and spasm.

The following measurements were obtained utilizing an inclinometer.

Cervical Spine:	**Angle**	**Analysis**
Flexion	30°	Moderate restriction (norm=50°), with pain and spasm.
Extension	35°	Marked restriction (norm=60°), with pain and spasm.
L. Lateral Flexion	20°	Moderate restriction (norm=45°), with pain and spasm.
R. Lateral Flexion	25°	Moderate restriction (norm=45°), with pain and spasm.
Left Rotation	50°	Moderate restriction (norm=80°), with pain and spasm.
Right Rotation	45°	Moderate restriction (norm=80°), with pain and spasm.
Lumbar Spine:	**Angle**	**Analysis**
Flexion:	30°	Marked restriction (norm=60+, S1=45+), with pain and spasm.
Extension:	10°	Marked restriction (norm=25°), with pain and spasm.
L. Lat. Flexion	15°	Moderate restriction (norm=25°), with pain and spasm.
R. Lat. Flexion	10°	Marked restriction (norm=25°), with pain and spasm.

NEUROLOGICAL EVALUATION:
Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

Sensory Deficit Testing:
The following dermatomes showed evidence of sensory deficits: on the left side at C5, hypo-esthesia was noted which is having some effect on her activities; on the left side at C6, there was hypo-esthesia which is having some effect on her activities; on the left side at C7, hypo-esthesia was noted which is having some effect on her activities; on the left side at C8, there was hypo-esthesia which is having some effect on her activities; on the left side at T1, there was hypo-esthesia which is having some effect on her activities; on the left side at L4, there was hypo-esthesia which is having some effect on her activities; on the left side at L5, there was hypo-esthesia which is having some effect on her activities; on the left side at S1, there was hypo-esthesia which is having some effect on her activities.

ORTHOPEDIC EVALUATION:
Cervical Lesion Tests:
The Cervical Distraction Test, which is usually indicative of nerve root compression, was positive bilaterally. While seated, the patient actively rotates the head and neck until radicular pain is produced. The examiner then rotates the head to the same extent but with strong upward traction added to the motion. If this action performed by the examiner gives relief or significantly reduces the patient's cervical and/or radicular pain, this test is considered positive, indicating nerve root compression. If the patient can't actively rotate the head or neck because of pain, the examiner can still do this test by adding traction with or without rotation.

The Jackson Compression Test, which indicates nerve root compression, was positive bilaterally. In this test, the patient, sitting upright, attempts to laterally flex the neck and head

toward the affected shoulder. Then the examiner exerts downward pressure with clasped hands on top of the patient's head. The test is positive if this action exacerbates the patient's cervical and/or radicular pain indicating nerve root compression.

The Shoulder Depression Test, which usually indicates adhesions of the spinal roots, the adjacent structures of the shoulder joint capsule, or the dural sleeves, was positive bilaterally. This test is done with the patient supine. The examiner standing at the head of the patient, flexes the neck to the side opposite to the shoulder being tested while pushing the shoulder caudadward. Then, while maintaining the depression of the shoulder, the head is rotated, again to the side opposite to the shoulder being tested. If radicular pain is either produced or aggravated by the first action and then confirmed by the second, the test is considered positive.

Soto-Hall Test, which is mainly used to diagnose and localize vertebral bony disease and injuries, particularly of the compression type, was positive, with the patient's pain being localized at C1-T5. This test is performed with the patient supine and the examiner exerting pressure on the sternum to prevent either lumbar or thoracic flexion. The examiner places the other hand under the patient's occiput and flexes the head and neck slowly and forcibly upon the sternum. This causes more and more of a pull on the posterior spinous ligaments, starting at the Ligamentum Nuchae, moving downward until it reaches the spinous process of the involved vertebra. There the pull acts as a lever compressing the vertebral body, thus causing localized pain.

Spurling's Test, which usually is indicative of nerve root irritation or other problems related to disc disease and cervical spondylosis, was positive bilaterally. With this test, the examiner stands behind the seated patient and has the patient turn his or her head toward the involved side in maximal axial rotation and then maximal lateral flexion is added. The examiner then delivers a vertical blow to the uppermost portion of the cranium. Any significant increase of neck, shoulder or arm pain from the blow would indicate a positive test.

Sacroiliac Lesion Tests:
Yeoman's Test, which usually reveals a sprain of the anterior sacroiliac ligaments, was positive bilaterally. This test is done with the patient in a prone position. The examiner exerts downward pressure over the suspected sacroiliac joint, while maximally flexing the ipsilateral knee. Then the thigh is hyperextended while holding down the pelvis. The test is positive when deep pain in both sacroiliac joints is caused from the above action.

Sciatic Nerve Lesion Tests:
Bragard's Sign, which is used to indicate peripheral or nerve root irritation of the sciatic nerve, was positive bilaterally. This test is done with the patient supine with both legs straight. The examiner straight leg raises the leg on the affected side to the point where the patient feels pain. At this position, the examiner firmly dorsiflexes the foot. If the dorsiflexion increases the radicular pain caused by the straight leg raising, then the test is considered positive.

The Lasegue (Straight Leg Raise) Test was positive bilaterally. On this patient, moderate pain at L1 to S1 and both hips was elicited at 35 degrees, which may indicate low back radiculopathy or possibly a lumbar disk lesion. This test is done with the patient supine and with the knee in extension. The examiner, actively flexes each thigh slowly while holding the other hand on the knee to prevent its flexion. The leg is lifted 90 degrees or until pain prevents further motion. The final angle of flexion at which pain occurs, as well as the location and intensity of the pain are noted by the examiner. This test is considered positive when the straight leg cannot be raised to 90 degrees without pain.

Intervertebral Disc Syndromes:
Kemp's Test, which is used to confirm facet syndrome, fracture or disc involvement, was positive bilaterally. This test can be done with the patient standing or sitting. While stabilizing the pelvis, the patient's shoulder is firmly forced obliquely backward, downward and medialward. The idea is to put the lower spine on the opposite side to the one being tested, into a combined position of rotation, lateral bending, and extension. The test is considered positive when low back pain radiates into the lower extremity.

Milgram's Test, which usually confirms pathology either inside or outside the spinal cord sheath, such as a herniated disc, was positive. This test is performed with the patient supine while both limbs are held straight out with the heels two to three inches from the table for at least 30 seconds. This test increases subarachnoid pressure and is positive when the patient is unable to hold the position for 30 seconds without pain.

ASSESSMENT/CURRENT TREATMENT:
DIAGNOSIS:
It is expected that Ms. Pierre will experience favorable results from her treatments.Currently, Ms. Pierre is totally disabled and cannot perform any normal work functions. Although this should be a temporary condition, I do not anticipate she will be able to return to normal work functions until at least November 27, 2020.

850.11 Concussion with brief loss of consciousness S06.0X1A
723.4 Cervical radiculopathy or radiculitis M54.12
847.0 Neck sprain/strain (Hyperextension-hyperflexion injury to the cervical spine, accompanied by the usual sequela of inflammatory reaction to paravertebral soft tissues.) S13.4XXA/S16.1XXA
839.1 Multiple Vertebral subluxation complex - Cervical Spine M99.01
845.0 Ankle sprain/strain
726.32 Tennis Elbow
719.4 Joint pain
844.8 Knee and leg sprain/strain
724.4 Lumbosacral radiculopathy or radiculitis M54.16
719.48 Sacro-iliac joint pain, traumatic or insidious S33.6XXA
847.2 Lumbar sprain/strain S33.5XXA/S39.012A
839.3 Multiple Vertebral subluxation complex - Lumbo-sacral Spine M99.03
840.8 Shoulder and upper arm sprain/strain
847.1 Thoracic sprain/strain S23.3XXA
839.2 Multiple Vertebral subluxation complex - Thoracic Spine M99.02

TREATMENT:
Today's Modalities & Procedures: Following were the modalities used today: Initial examination (99203), hot packs (97010), and Manipulation of 3-4 areas of the spine (98941).

Treatment was administered to Katheline's cervical spine today.

Treatment was administered to Katheline's thoraco-lumbar spine today. Today's treatment was indeed well received by the patient, but complicated due to inflamed tissues with resulting soreness. Cryotherapy was advised.

The above was for the purpose of decreasing pain, decreasing spasms, increasing range of motion, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient to her pre-injury status and increasing function.

PROGNOSIS: Prognosis is guarded at this time since the patient is to enter an active chiropractic rehab program and results are yet to be determined.

FUTURE CARE PLAN:

Goals of Treatment Plan: Our goals for the above proposed treatment plan are decreasing pain, decreasing spasms, increasing range of motion, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient to her pre-injury status and increasing function. We hope to reduce the re-current subluxation complexes that persist and create her spinal dysfunctions.Long term goals of our current treatment plan include the reduced usage of OTC/prescription medications as well as an increase in up to 5-10 repetitions of therapeutic exercise/neuromuscular education and an increase in 2-5 minutes of spinal endurance exercises (recumbent bike/ergometer) by the next examination.

CLOSING COMMENTS:

In my opinion, the incident that the patient described is the competent cause of the reported injuries which are also consistent with the history of the injury and objective findings on exam and pertinent diagnostic testing. Katheline Pierre understands and has consented for the medically necessary care as outlined in this report. Medicare defines "medical necessity" as services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

The preceding report was digitally signed by Dr. Theodore Xenos, D.C. Upon HIPAA compliant request, these notes may be reproduced with manual signature for further certification with applicable fees for reproduction. I, Theodore Xenos, D.C., being duly licensed to practice chiropractic in the state of New York, hereby affirm under the penalty of perjury, that the statements contained herein are true and accurate.

Mount Sinai Medical, P.C.
23-08 30th Avenue
Astoria, NY 11102

Ph: (718)726-2000 Fax: (718)728-2724

November 11, 2020

Patient: Pierre, Katheline
Date of Exam: 11/11/2020
Patient ID #: MR030372
Date of Birth: 02/16/1993
Case Type: No fault
Date of Loss: 10/20/2020
Referring Doctor: Theodore Xenos, DC

MRI OF THE CERVICAL SPINE

T2 FSE SAG, T1 SE SAG, 3D BASG TRS, T1 SE TRS, and T2 FSE TRS images were obtained through the cervical spine.

Clinical History: 27-year-old female, status post MVA, complaining of neck pain radiating to the left shoulder; rule out HNP.

There is paramagnetic artifact from nonremovable dental work somewhat limiting the sensitivity of the axial images. The exam is however felt to be diagnostic in sensitivity.

There is straightening of the lordosis consistent with muscular spasm. The vertebrae are well visualized and are unremarkable in appearance. There is multilevel interspace narrowing and dehydration.

The C2-3 interspace is unremarkable. At C3-4, there is a central disc bulge with thecal sac indentation. At C4-5, there is a central disc bulge with thecal sac indentation. At C5-6, there is a central disc herniation, effacing the anterior subarachnoid space, with thecal sac impingement. At C6-7, there is a central disc bulge with thecal sac indentation. The C7-T1 interspace is unremarkable.

The signal characteristics arising from the cervical spinal cord and cranio-cervical junction are unremarkable without evidence of tumor or syrinx.

IMPRESSION:

1. Muscular spasm.
2. Multilevel interspace narrowing and dehydration.
3. Central disc bulge at C3-4 with thecal sac indentation.
4. Central disc bulge at C4-5 with thecal sac indentation.
5. Central disc herniation at C5-6, effacing the anterior subarachnoid space with thecal sac impingement.
6. Central disc bulge at C6-7 with thecal sac indentation.

Thank you very much for allowing me to participate in the care of your patient.

Daniel Schlusselberg MD

Daniel Schlusselberg, M.D.

Electronically approved and signed by Daniel Schlusselberg, MD on 11/13/2020.

Mount Sinai Medical, P.C.
23-08 30th Avenue
Astoria, NY 11102
Ph: (718)726-2000 Fax: (718)728-2724

November 06, 2020

Patient: Pierre, Katheline
Date of Exam: 11/06/2020
Patient ID #: MR030324
Date of Birth: 02/16/1993
Case Type: No fault
Date of Loss: 10/20/2020
Referring Doctor: Theodore Xenos, DC

MRI OF THE LUMBAR SPINE

T1 and T2 SAG LG, T2 DE TR LG, and T1 SE TRS LG were obtained through the lumbosacral spine.

Clinical History: 27-year-old female, status post MVA, complaining of low back pain radiating to the right leg; rule out HNP.

There is straightening of the lordosis consistent with muscular spasm. The vertebrae are well visualized and are unremarkable in appearance. The interspaces are preserved. The conus medullaris and cauda equina are unremarkable in appearance.

The L1–to interspace is unremarkable. At L2-3, there is a lateral disc bulge. At L3-4, there is a broad-based disc bulge. At L4-5, there is a broad-based disc bulge with bilateral neural foraminal narrowing and lateral recess stenosis. At L5-S1, there is a bulging annulus with relative left-sided neural foraminal narrowing.

IMPRESSION:

1. Muscular spasm.
2. Lateral disc bulge at L2-3.
3. Broad-based disc bulge at L3-4.
4. Broad-based disc bulge at L4-5 with bilateral neural foraminal narrowing and lateral recess stenosis.
5. Bulging annulus at L5-S1 with relative left-sided neural foraminal narrowing.

Thank you very much for allowing me to participate in the care of your patient.

Daniel Schlusselberg MD

Daniel Schlusselberg, M.D.

Electronically approved and signed by Daniel Schlusselberg, MD on 11/08/2020.

Mount Sinai Medical, P.C.
23-08 30th Avenue
Astoria, NY 11102
Ph: (718)726-2000 Fax: (718)728-2724

December 01, 2020

Patient: Pierre, Katheline
Date of Exam: 12/01/2020
Patient ID #: MR030508
Date of Birth: 02/16/1993
Case Type: No fault
Date of Loss: 10/20/2020
Referring Doctor: Theodore Xenos, DC

MRI OF THE THORACIC SPINE

Multiple T1 and T2 weighted sagittal and axial images were obtained through the thoracic spine. The axial images are angled through the thoracic interspaces.

Clinical History: 27-year-old female, status post MVA, complaining of back pain and difficulty walking; rule out HNP.

There is maintenance of the normal thoracic kyphosis. Twelve thoracic vertebra are present. They are adequately aligned. The marrow signal of the osseous structures is unremarkable. The thoracic interspaces are preserved.

There is no evidence of disc bulge or herniation. There are no findings of canal stenosis, and/or neural foraminal narrowing.

The signal characteristics arising from the thoracic spinal cord are unremarkable. There is no evidence of intraspinal cord tumor or syrinx.

IMPRESSION:

1. Unremarkable MRI examination of the thoracic spine. In particular, no evidence of disc herniation, nerve root compression, or spinal cord pathology.

Thank you very much for allowing me to participate in the care of your patient.

Daniel Schlusselberg MD

Daniel Schlusselberg, M.D.

Electronically approved and signed by Daniel Schlusselberg, MD on 12/03/2020.

Mount Sinai Medical, P.C.
23-08 30th Avenue
Astoria, NY 11102
Ph: (718)726-2000 Fax: (718)728-2724

November 06, 2020

Patient: Pierre, Katheline
Date of Exam: 11/06/2020
Patient ID #: MR030324
Date of Birth: 02/16/1993
Case Type: No fault
Date of Loss: 10/20/2020
Referring Doctor: Theodore Xenos, DC

MRI OF THE LUMBAR SPINE

T1 and T2 SAG LG, T2 DE TR LG, and T1 SE TRS LG were obtained through the lumbosacral spine.

Clinical History: 27-year-old female, status post MVA, complaining of low back pain radiating to the right leg; rule out HNP.

There is straightening of the lordosis consistent with muscular spasm. The vertebrae are well visualized and are unremarkable in appearance. The interspaces are preserved. The conus medullaris and cauda equina are unremarkable in appearance.

The L1–to interspace is unremarkable. At L2-3, there is a lateral disc bulge. At L3-4, there is a broad-based disc bulge. At L4-5, there is a broad-based disc bulge with bilateral neural foraminal narrowing and lateral recess stenosis. At L5-S1, there is a bulging annulus with relative left-sided neural foraminal narrowing.

IMPRESSION:

1. Muscular spasm.
2. Lateral disc bulge at L2-3.
3. Broad-based disc bulge at L3-4.
4. Broad-based disc bulge at L4-5 with bilateral neural foraminal narrowing and lateral recess stenosis.
5. Bulging annulus at L5-S1 with relative left-sided neural foraminal narrowing.

Thank you very much for allowing me to participate in the care of your patient.

Daniel Schlusselberg MD

Daniel Schlusselberg, M.D.

Electronically approved and signed by Daniel Schlusselberg, MD on 11/08/2020.

aetna™ First Health

NAP

MONTCLAIR STATE UNIV 20/21
OPEN CHOICE PPO

GRP: 686164-29-101
Issuer (80840) 9140860054

ID: W261450094
KATHELINE PIERRE

RX BIN# 610502
FULLY INSURED

DEDUCTIBLE MAY APPLY

OV $30

SPC $30

Hosp NO COPAY

ER NO COPAY

WWW.AETNASTUDENTHEALTH.COM PAYER NUMBER 60054 0315

MONTCLAIR STATE UNIVERSITY
STUDENT HEALTH INSURANCE PLAN PSIP

Co-pay: OV $30, Urgent Care $25
RX Generic: Preferred $20, Non-Preferred $60
RX Brand: Preferred $40, Non-Preferred $60

This plan is underwritten by Aetna Health and Life Insurance Company (AHLIC). This card does not guarantee coverage. If applicable to the plan you choose, the plan describes what you need to pre-certify. If you do not pre-certify, a financial penalty or reduction in benefits may apply. To pre-certify, call the member or pre-certification number listed.

EMERGENCY: Call 911 or go to the nearest emergency facility.

Aetna Life Insurance Company
P. O. BOX 981106
EL PASO TX 79998

MEMBER SERVICES: **1-800-481-8814**

PRE-CERTIFICATION: **1-800-481-8814**

RX MEMBER SERVICES: **1-888-792-3862**

Mount Sinai Medical, P.C.
23-08 30th Avenue
Astoria, NY 11102

Ph: (718)726-2000 Fax: (718)728-2724

November 11, 2020

Patient: Pierre, Katheline
Date of Exam: 11/11/2020
Patient ID #: MR030372
Date of Birth: 02/16/1993
Case Type: No fault
Date of Loss: 10/20/2020
Referring Doctor: Theodore Xenos, DC

MRI OF THE CERVICAL SPINE

T2 FSE SAG, T1 SE SAG, 3D BASG TRS, T1 SE TRS, and T2 FSE TRS images were obtained through the cervical spine.

Clinical History: 27-year-old female, status post MVA, complaining of neck pain radiating to the left shoulder; rule out HNP.

There is paramagnetic artifact from nonremovable dental work somewhat limiting the sensitivity of the axial images. The exam is however felt to be diagnostic in sensitivity.

There is straightening of the lordosis consistent with muscular spasm. The vertebrae are well visualized and are unremarkable in appearance. There is multilevel interspace narrowing and dehydration.

The C2-3 interspace is unremarkable. At C3-4, there is a central disc bulge with thecal sac indentation. At C4-5, there is a central disc bulge with thecal sac indentation. At C5-6, there is a central disc herniation, effacing the anterior subarachnoid space, with thecal sac impingement. At C6-7, there is a central disc bulge with thecal sac indentation. The C7-T1 interspace is unremarkable.

The signal characteristics arising from the cervical spinal cord and cranio-cervical junction are unremarkable without evidence of tumor or syrinx.

IMPRESSION:

1. Muscular spasm.
2. Multilevel interspace narrowing and dehydration.
3. Central disc bulge at C3-4 with thecal sac indentation.
4. Central disc bulge at C4-5 with thecal sac indentation.
5. Central disc herniation at C5-6, effacing the anterior subarachnoid space with thecal sac impingement.
6. Central disc bulge at C6-7 with thecal sac indentation.

Thank you very much for allowing me to participate in the care of your patient.

Daniel Schlusselberg MD

Daniel Schlusselberg, M.D.

Electronically approved and signed by Daniel Schlusselberg, MD on 11/13/2020.

TXO Chiropractic PC
25-15 Crescent St
Astoria NY 11102
T : 7653609078
F : 7184259936

Rx

Patient Name : Kathleen Piven **Date :** 11/10/2020

Dx : Dr Weinstein

7183130766

(R) Knee Right foot

(B) Shoulder .

Theodore Xenos D.C.
NPI 1023343399

QUEENS RADIOLOGY P.C.

TRUE OPEN MRI

23-08 30th Avenue
Astoria, NY 11102
Tel.:[718] 726.2000
Fax:[718] 728.2724

ACR AMERICAN COLLEGE OF RADIOLOGY
ACR ACCREDITED FACILITY

PATIENT'S NAME [LAST] Pierre [FIRST] Kathleen

DATE 11/6/2020 DOB 2/16/93 AGE

INSURANCE MVIAC INSURANCE ID#

REFERRING PHYSICIAN Theodore PHYSICIAN'S TEL.

APPOINTMENT: DATE: TIME:

TEL./CELL:

AUTHORIZATION #

PLEASE OBTAIN NECESSARY AUTHORIZATION TO AVOID DELAYS

MRI REPORTS
- ☐ Mail
- ☐ Fax
- ☑ Email

GENERAL RADIOLOGY / XRAY

☐ Skull	☐ Clavicle			☐ Hip / Pelvis			
☐ Orbits	☐ Chest PA / LAT			☐ Femur	☐ R	☐ L	
☐ Facial Bones	☐ Ribs			☐ Knee / Patella	☐ R	☐ L	
☐ Nasal Bones	☐ Sternum			☐ Tibia / Fibula	☐ R	☐ L	
☐ Paranasal Sinuses	☐ Arm / Humeru	☐ R	☐ L	☐ Ankle	☐ R	☐ L	
☐ Nasopharynx / Soft Neck Tissue	☐ Elbow	☐ R	☐ L	☐ Heel	☐ R	☐ L	
☐ Cervical Spine	☐ Forearm	☐ R	☐ L	☐ Foot	☐ R	☐ L	
☐ Thoracic Spine	☐ Wrist	☐ R	☐ L	☐ Toe	☐ R	☐ L	
☐ Lumbar Spine	☐ Hand	☐ R	☐ L	☐ Skeletal Survey			
☐ Sacrum / Coccyx	☐ Finger	☐ R	☐ L	☐ Scoliosis Series			
☐ SI Joints Sacrotilior	☐ Abdomen-KUB			☐ Other			
☐ Scapula	☐ Abdomen-Flat / Upright						

OPEN MRI / MRA ■ with CONTRAST

☐ Brain	☐ Shoulder	☐ R	☐ L	☐ Pituary			
☐ MRA Neck / Carotid	☐ Elbow	☐ R	☐ L	☐ IACs			
☑ Cervical Spine	☐ Wrist	☐ R	☐ L	☐ Orbits			
☐ Thoracic Spine	☐ Hand	☐ R	☐ L	☐ Sinuses			
☑ Lumbar Spine	☐ Hip	☐ R	☐ L	☐ TMJ	☐ R	☐ L	
☐ Chest	☐ Knee	☐ R	☐ L	☐ Neck-Soft Tissue			
☐ Abdomen	☐ Ankle	☐ R	☐ L	☐ Brachial Plexus			
☐ Pelvis	☐ Foot	☐ R	☐ L	☐ Other			

GENERAL MANDATORY INFORMATION & PRECAUTIONS CHECKLIST

☐ MRI patients should arrive for examination wearing clothing with **no metal accessories, no metal clips** and **no jewelry.**

Currently Pregnant	☐ Y	☐ N
Cardiac Pacemaker	☐ Y	☐ N
Intracranial Aneurysm Clips	☐ Y	☐ N
Ear Implants	☐ Y	☐ N
Shrapnel [Metal in Body]	☐ Y	☐ N
Allergy to Contrast	☐ Y	☐ N

Specific clinical history is necessary for better diagnostic evaluation history:
Pedestrian hit by truck Neck + Back Pain into the Arms + legs

Patients should bring the appropriate documentation required to process radiographic examinations: All Insurances - Insurance Information/Card • Commercial Insurance - Authorization number • Worker's Compensation - Doctor's Initial Report • No-Fault Insurance - Initial Report, Letter of Necessity • Medicare - PCP referral • Medicaid HMO - Authorization number

Imaging - Results (continued)

Final result by Calvin G Sy, MD (10/23/20 03:17:24)

Impression:
No acute fracture or dislocation.

Narrative:
CLINICAL HISTORY:
TRAUMA

TECHNIQUE:
XR KNEE STANDARD (AP, LAT, OBL) - RIGHT; XR TIBIA + FIBULA STANDARD (ORTHOGONAL VIEWS) - RIGHT

COMPARISON:
None.

FINDINGS:
Mild prepatellar soft tissue swelling appreciated. No knee joint effusion. Preserved joint spaces. Unremarkable osseous structures.

XR Tibia + Fibula Standard (Orthogonal Views) - Right (Final result)

Result time 10/23/20 03:17:24

Final result by Calvin G Sy, MD (10/23/20 03:17:24)

Impression:
No acute fracture or dislocation.

Narrative:
CLINICAL HISTORY:
TRAUMA

TECHNIQUE:
XR KNEE STANDARD (AP, LAT, OBL) - RIGHT; XR TIBIA + FIBULA STANDARD (ORTHOGONAL VIEWS) - RIGHT

COMPARISON:
None.

FINDINGS:
Mild prepatellar soft tissue swelling appreciated. No knee joint effusion. Preserved joint spaces. Unremarkable osseous structures.

LHR
LENOX HILL RADIOLOGY
Manhattan
Brooklyn
Queens
Bronx
Long Island

Formerly Advanced Radiology Imaging

LHR Astoria
29-16 Astoria Blvd, Astoria, NY 11102 • P: 718-204-5800 • F: 718-721-4572

LHR Elmhurst
89-40 56th Ave, Elmhurst, NY 11373 • P: 718-335-5532 • F: 718-205-5988

www.lenoxhillradiology.com

REQUEST FOR RADIOGRAPHIC EXAMINATION

Patient Name: Kathline Pierre **Age:** _____ **Date:** 10/27/20

Referring Physician: Theodorxenos Dc

Clinical Problem/History: R/O Nerve Post entrapment HNP Post MVA

LMP: _____

MRI INFORMATION: MRI is contraindicated in patients with Pacemakers, Ear Implants and Cerebral Aneurysm Clips.
***CT and IVP Information:** Contrast cannot be given to patients with prior allergy or poor renal function. **BUN/CREAT:** _____/_____

GENERAL X-RAY

☐ Plain Films (Chest, Abd, Exts, Skull, etc.): _____
☐ Esophagram
☐ GI Series ☐ Small Bowel Series
☐ Barium Enema ☐ With Air
☐ Other
☐ IVP *(See *IVP Information above)*
☐ Arthrogram of _____
☐ Hysterosalpinogram
☐ Other _____

DIGITAL MAMMOGRAM W/CAD

(Computer Assisted Dx)
☐ Screening Bilateral
☐ Diagnostic Bilateral ☐ L ☐ R
Indications: _____

BONE DENSITOMETRY

☐ LS Spine/Hip ☐ Other

ULTRASOUND

☐ Abdomen - Complete
☐ Renal/Bladder Indications: _____
☐ Pelvis ☐ TV ☐ Hysterosonogram
☐ Obstetric (TV if needed) LMP: _____
☐ Aorta
☐ Thyroid ☐ Thyroid Biopsy
☐ Testicle with Doppler/Color
☐ Breast Indications: _____
☐ Breast Core Biopsy ☐ L ☐ R
☐ Carotid with Doppler (Duplex)
☐ Lower Extremity Vascular ☐ Arterial ☐ Venous
☐ ECHO with Doppler
☐ Pediatric Hip Other: _____

CT SCAN

*(*See CT Information above)*
☐ **Without Contrast** ☐ **With/Without Contrast**
☐ Brain CT
☐ Sella Turcica ☐ Paranasal Sinuses
☐ Internal Auditory Canals/Petrous Bones
☐ Orbits
☐ Abdominal CT ☐ Pelvic CT
☐ Abdominal and Pelvic CT
☐ Chest CT ☐ Neck CT
☐ C-Spine ☐ LS-Spine
☐ T-Spine Level? _____
☐ Extremities _____
☐ Other

MULTI-SLICE CT ANGIOGRAMS

☐ Chest CT Angiogram PE Study *(non-coronary arteries)*
☐ Neck CT Angiogram *(includes Carotids)*
☐ Abdominal/Renal CT Angiogram
☐ Lower Extemity CT Angiogram _____
☐ Head CT Angiogram *(includes Circle of Willis)*

NUCLEAR MEDICINE

☐ Liver - Spleen ☐ DISIDA *(Hepatobiliary)*
☐ Renal - including Blood Flow/Excretion
☐ Renal - with Captoproil for renovascular hypertension
☐ Bone Scan ☐ Testicle ☐ Gastric Emptying
☐ Thyroid Scan + HR Uptake ☐ Parathyroid Imaging
☐ Gallium-Total Body
☐ Liver Hemangioma

NUCLEAR CARDIOLOGY

☐ Spect Thallium Stress Test for Myocardial Perfusion
☐ Sestamibi for Myocardial Perfusion
  ☐ With Exercise
  ☐ With Persantine
☐ EKG treadmill Stress Test *(no injection)*
☐ MUGA (Multigated Equilibrium Pool) for Ejection Fraction and Wall motion

MRI

*(See *MRI Information above)*
☑ **Without Contrast** ☐ **With/Without Contrast**
☐ Brain
☐ Breast MR/w Gad
☐ Breast MR/for Implant Rupture
☐ MR Angio - Cerebral
☐ MR Angio - Carotid
☐ Int Aud Canals ☐ Gad
☐ Pituitary with Gad
☐ Orbit
☐ Sinuses
☐ TM Joints
☐ C-Spine
☐ T-Spine
☑ LS-Spine
☐ Extremity _____
☐ Knee
☐ Shoulder
☐ Hip
☐ Ankle
☐ Foot ☐ Forefoot ☐ Midfoot ☐ Hindfoot
☐ Wrist
☐ Neck ☐ Gad
☐ Chest ☐ Gad
☐ Abdomen ☐ Gad
☐ Pelvis - Female ☐ Gad
☐ Prostate/Male Pelvis ☐ Gad
☐ MR Angio Leg ☐ L ☐ R
☐ MR Angio _____
☐ MRCP (Bile Ducts)
☐ Other _____

☐ Please send more request slips.

1/17

AFTER VISIT SUMMARY

NewYork-Presbyterian

Kathleen Pierre MRN: 1400113568

10/23/2020 LMH ADULT EMERGENCY 212-312-5070

Instructions

Please return to your closest Emergency Room immediately for continuing, worsening or new symptoms, including but not limited to: chest pain, chest pressure, chest tightness, difficulty breathing, cough, coughing blood, lightheadedness, fainting, dizziness, back pain, abdominal pain, nausea, vomiting, numbness in arms, numbness in jaw, or ANY other sudden changes in your physical or medical condition. If you are concerned at all, come back to the Emergency Room.

After your Emergency Room visit:

-Contact your primary doctor within the next 24 hours to discuss follow up in 1-2 days. Please understand that no Emergency Room visit is complete without a follow-up visit with your primary doctor.

- If you cannot follow up with your primary care provider, call and schedule an earliest available appointment at the Cornell Internal Medicine Associates (CIMA) clinic at 212-746-2917 and 1-877-NYP-WELL.

Thank you for choosing NewYork-Presbyterian.

USE TYLENOL 650 MG EVERY 6 HOURS AND/OR IBUPROFEN 600 MG EVERY 6 HOURS AS NEEDED FOR PAIN.
TRY ICY/HOT PATCHES, OVER THE COUNTER LIDOCAINE PATCHES, ICE, AND MUSCLE EXERCISES FOR PAIN RELIEF.

Your medications have changed

START taking:
Futuro Soft Cervical Collar

Review your updated medication list below.

Pick these up at CVS/pharmacy #11060 | 1-50 50th Ave Long Island City, NY 11101 | 718-729-3197

Futuro Soft Cervical Collar

Address: 1-50 50th Ave, Long Island City NY 11101
Phone: 718-729-3197

Today's Visit

You were seen by Tina Mathew, MD

Reason for Visit
Other

Diagnosis
Fall, initial encounter

Lab Tests Completed
Human Chorionic Gonadotropin (HCG), Urine, POCT

Imaging Tests
XR Elbow 2-View (AP, Lat) - Left
XR Knee Standard (AP, Lat, Obl) - Right
XR Shoulder Routine (IR, ER, Y) - Left
XR Tibia + Fibula Standard (Orthogonal Views) - Right

Medications Given
acetaminophen (TYLENOL) Last given 10/23/2020 1:24 AM
lidocaine (LIDODERM) Last given 10/23/2020 1:25 AM

Your End of Visit Vitals

Blood Pressure 109/68	BMI 21.14
Weight 135 lb	Height 5' 7"
Temperature (Oral) 98.8 °F	Pulse 97
Respiration 16	Oxygen Saturation 97%

Instructions (continued)

Schedule an appointment with LMH INTERNAL MEDICINE as soon as possible for a visit in 3 days (around 10/26/2020)

Specialty: Internal Medicine
Contact: Weill Cornell Medical College
Gpo Box 28375
New York New York 10087-8375
212-746-5000

Schedule an appointment with Your primary care physician as soon as possible for a visit in 3 days (around 10/26/2020)

What's Next

You currently have no upcoming appointments scheduled.

You are allergic to the following

No active allergies

NYP Virtual Urgent Care

Get a quick diagnosis and treatment plan in minutes with Virtual Urgent Care: **nyp.org/urgentcare.**

Your Next Steps

Do

☐ Pick these up from CVS/pharmacy #11060 | 1-50 50th Ave Long Island City, NY 11101 | 718-729-3197
- Futuro Soft Cervical Collar

Care Team

No active team members.

Additional Contact Information

General Hospital Information

- **Weill Cornell Medical Center:** 212-746-5454
- **Lower Manhattan Hospital:** 212-312-5000

ED Test Results/Prescription Issues (WCM): 212-746-0595

Medical Records Department (for copies of charts): 212-746-0530

Additional Contact Information (continued)

Patient Services:

- **Weill Cornell Medical Center:** 646-697-7283 or 212-746-2813
- **Lower Manhattan Hospital:** 212-312-5034

Find a Physician at NYP: 1-877-NYP-WELL

Your Medication List

START **Futuro Soft Cervical Collar** Miscellaneous — No route applicable. Indications: OTHER, lat neck pain

Connect

View your After Visit Summary and more online at **https://www.myconnectnyc.org/MyChart/**.

T.X.O. CHIROPRACTIC PC (lien)

rre	M	KPIERRE4737@BTH	
Name	Middle Initial	Email Address	
L N4 N4 10116		(347) 762-5736	
ity State Zip Code		Cell Phone Number	
M (F) MA IVORCED	02/16/1993 - -	(347) 208-1582	
Sex Ma tus	Date of Birth Social Security #	Home Phone Number	
SHAH	(908) 499-0446	Emergency Contact Email	
Emergency Contact Name	Emergency Contact Phone #		
		( ) -	
PCP / Referring Provider	Address City State Zip	Provider Phone #	
AETNA	PO BOX 981106 EL PASO TX 79998	(800) 481-8814	
Insurance Company name	Insurance Address City State Zip	Insurance Phone #	
		( ) -	
Policy Number	Claim Number Claim Adjuster Name	Adjusters Phone #	
MUYASI MPIENCES	3090351 54-21973	10/20/2020 6:00 AM/PM	
Employer	WCB Case # Carrier ID#	Date and Time Of Accident	
Brandon J Broderick	882-	(201) [redacted]-7872 (201) 258-3959	
Attorneys Name Address		Attorneys Phone # Attorneys Fax #	

Job Duties: Confidential, Private

HOW DID INJURY/ACCIDENT OCCUR?

I, the pedestrian was Shopping on the intersection of Fulton St & Albee Sq. when a Brinks Armored Truck had just passed me and proceeded to back up on the corner of Fulton and Elm/BOND ST. I, the pedestrian was Propelled forward after colliding with the back of the BRINKS ARMORED TRUCK. My cart went flying I fell to the floor my arm and shoulders crashed together. I was bruised and scraped from my neck down to my feet.

Did you go to the Hospital? (YES) / NO

IF YES breifly describe what was done:

Lab Test, X-RAYS & Imaging Test, Li DO DERM WAS Applied on my left lateral neck, Tylenol was given for pain, & a Soft cervical collar was prescribed

Do you have a history of same or similar condition? YES / (NO)

If YES state when and describe:

Do you have any serious medical conditions? YES / NO

IF YES describe:

NECK & FOOT PAIN

T.X.O. CHIROPRACTIC PC (lien)

INFORMED CONSENT

I have received information about my condition and proposed Chiropractic Rehab and/or DTS spinal decompression programs well as alternative courses of treatment along with associated risks, benefits, and side effects of the treatment and consequences of not having the proposed treatment.

I understand and am informed that, as in all health care, in the practice of spinal manipulation there are some rare risks to treatment, including but not limited to muscle strains, fractures, dislocations, disc injuries, and vascular accidents.

My doctor has responded to all of my requests for information about the proposed treatment. I have read or have read to me, the above consent. I have also had the opportunity to ask questions about its content. By signing below, I consent to Chiropractic Rehab/ DTS spinal decompression.

Name Katheline Pierre Signature Katheline Pierre

Date 10/27/2020 Witnessed by

T.X.O. CHIROPRACTIC PC (lien)

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
KATHLEEN PIERRE	02/16/1993	

Patient Address: 421 8th Avenue, Brooklyn, NY 10116

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT,** except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

☐ Medical Record from (insert date) _____ to (insert date) _____

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

_____

Include: (*Indicate by Initialing*)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ (Initials) I authorize _____ (Name of individual health care provider) to discuss my health information with my attorney, or a governmental agency, listed here:

_____ (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
☐ At request of individual ☐ Other: Litigation	
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Kathleen Pierre

Signature of patient or representative authorized by law.

Date: 10/27/2020

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

T.X.O. CHIROPRACTIC PC (lien)

PF-1000 Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures
Treatment. Your health information may be used by staff members, contractors of the provider, volunteers, physical therapist assistant students, and other medical trainees in course of their training, or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, other third-party payers who are responsible for paying all or part of the cost of your care, the credit bureau, debt collection agencies, including Small Claims Court. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of **T.X.O. CHIROPRACTIC PC**.. For example, information on the services you receive may be used to support budgeting and financial reporting, internal quality assessments, activities to evaluate and promote quality, and contacting other healthcare providers about treatment alternatives.

We may also disclose information to your doctor, staff members at your physician's office, or your attorney. We may contact your physician's office regarding your last and next doctor's appointment, birth date, social security number, named insured on the insurance policy, social security number and date of birth of the insured, verify the spelling of names, etc. We may leave messages on your answering machine, call your cell phone, call you at work, or send you e-mail messages. We may also transmit protected health information electronically, (e.g., claims, eligibility, referrals, benefits, claims status) orally or on paper.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. For example, if we receive a subpoena for your records, or if public responsibility requires disclosure, e.g. to protect public health, child abuse or neglect.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Workers' Compensation
Workers' Compensation Programs are exempt from HIPAA's provisions. For disclosures of protected health information made for Workers' Compensation purposes under 45 CFR 164.512(I), the minimum necessary standard permits covered entities to disclose information to the full extent authorized by State or other laws. In addition, where protected health information is requested by a State Workers' Compensation or other public official for such purposes, covered entities are permitted reasonably to rely on the official's representations that the information requested is the minimum necessary for the intended purpose. 45 CFR 164.513(d)(3)(iii)(A)

T.X.O. CHIROPRACTIC PC (lien)

For disclosures of protected health information for payment purposes, covered entities may disclose the type and amount of information necessary to receive payment for any health care provided to an injured or ill worker.

The minimum necessary standard does not apply to disclosures that are required by State or other laws, or made pursuant to the individual's authorization.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. In the event that a written notice of revocation is given regarding claim payment, your "account type" status will change to "self-pay." Therefore, payment in full, on each date of service, is required thereafter.

However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

We will keep all disclosures of your medical record to the minimum necessary. At times, the "minimum necessary" may include your entire medical record.

Additional Uses of Information:
Appointment reminders. Your health information will be used by our staff to send you appointment reminders or to call you and remind you of a scheduled appointment. We may contact you at work, send you e-mail, or leave a message on your answering machine, or cell phone.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Marketing and Fundraising. Unless you request us not to, we will use your name and address to support our marketing/fundraising efforts.

Individual Rights
You have certain rights under the federal privacy standards. These include:
□The right to request restrictions on the use and disclosure of your protected health information. Although, TXO CHIROPRACTIC PC is not required to agree to a requested restriction.
□The right to receive confidential communications concerning your medical condition and treatment.
□The right to inspect and copy your protected health information. The request must be made in writing with the reason that supports your request. If we do not agree with your request, you have the right to ask that your statement get placed in your medical record.
□The right to amend or submit corrections to your protected health information.
□The right to receive an accounting of how and to whom your protected health information has been disclosed, except for disclosures made for treatment, payment, and health care operations.
□The right to receive a printed copy of this notice.
□The right to request restrictions on the use and disclosure of your protected health information.

TXO CHIROPRACTIC PC. Duties

T.X.O. CHIROPRACTIC PC (lien)

We are required by law to maintain the privacy of your protected health information and provide you with this notice of privacy practices. If you believe that your rights have been violated, you may complain to the Secretary of the U.S. Department of Health and Human Services or complain to us by talking to us, calling us, or writing to us with details.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on your next office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information
You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting an Office Assistant or the HIPAA Privacy Specialist

Complaints
If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

TXO CHIROPRACTIC PC
25-15 Crescent St
Astoria, NY 11102
T : 3472721520
F : 7184259936

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person
The name and address of the person you can contact for further information concerning our privacy practices is:

HIPAA Privacy Specialist
TXO CHIROPRACTIC PC
25-15 Crescent St
Astoria, NY 11102
T : 3472721520
F : 7184259936

Effective Date
This notice is effective on or after March 10, 2010

T.X.O. CHIROPRACTIC PC (lien)

Patient Disclosure Consent

The HIPAA privacy rules give individuals the right to request a restriction of uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that communications be made via alternative means such as sending information to the individuals place of employment instead of their home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply).

☐ Home telephone _____
- ☐ OK to leave a detailed message.
- ☐ Leave a message with a callback number only.

☐ Work telephone _____
- ☐ OK leave a detailed message.
- ☐ Leave a message with a callback number only.

☐ Beeper number _____
- ☐ Enter callback number only.
- ☐ OK to leave a voicemail with detailed information.

☒ Cell phone number 347 762 5736
- ☒ OK to leave a voicemail with detailed information.

☐ Alternate telephone number _____

Contact person _____
- ☐ OK to leave a detailed message.
- ☐ Leave a message with a callback number only.

PRIVACY RULES REQUIRE US TO TAKE REASONABLE STEPS TO LIMIT THE USE OR DISCLOSURE OF YOUR INFORMATION TO THE MINIMUM NECESSARY TO ACCOMPLISH THE INTENDED PURPOSE. USES AND DISCLOSURES ARE PERMITTED WITHOUT PRIOR CONSENT AN EMERGENCY. MY SIGNATURE ALSO IMPLIES I RECEIVED THE GENERAL OFFICE PRIVACY GUIDELINES.

Katheline Pierre	Katheline Pierre	10/27/2020
SIGNATURE	PRINT NAME	DATE

T.X.O. CHIROPRACTIC PC (lien)

FINANCIAL RESPONSIBILITY FOR PATIENTS WITHOUT CONTRACTED INSURANCE CARRIERS (OUT OF NETWORK PROVIDERS)

Dr. Xenos does not have a contract with the Medical Health Insurance Carrier that provides your medical insurance coverage. **You are still covered for these services as outlined by your insurance carrier.** My office has the following policies for Out of Network patients. Please read the following policies carefully, as you will need to accept and agree to abide by these policies.

- Many Out of Network Medical Health Insurance Carriers mail their reimbursement payments directly to the patient. If that is anticipated with your plan, I agree to endorse and mail the insurance check along with the explanation of benefits and any other correspondence related to your visits to Dr. Xenos within seven days of its receipt.

- I agree that if I refuse or fail to fulfill these above-stated agreements, I agree to pay any and all collections costs incurred by the office of Dr. Xenos during the process of collecting full payment for the services provided to me.

I agree to the above conditions and fully understand my financial responsibility for medical services that I receive from Dr.Xenos as an out of network medical provider with my Medical Health Insurance Carrier.

Patient's Signature: Katheline Pierre

Patient's Printed Name: Katheline Pierre

Date: 10/27/2020

T.X.O. CHIROPRACTIC PC (lien)

NOTICE OF DOCTOR'S LIEN

I do hereby authorize **TXO CHIROPRACTIC PC.** to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc, of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor. And I hereby further give a Lien on my case to said doctor against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated or injuries in connection therewith.

I agree never to rescind this document and that a recession will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered to me and that this agreement is made solely for said doctor's additional protection and is consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Please acknowledge this letter by signing below and returning to the doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance due and payable.

Date: 10/27/2020 **Patient's Signature:** Kathelie Pierre

The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such sums from any settlement, judgment or verdict, as may be necessary to adequately protect said doctor above named. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney fees and costs.

Date: 10/27/20 **Attorney's Signature:** _____

(Please date, sign and return one copy to doctor's office. Keep one copy for your records)

D.O.A.: _____

NAME: _____

Forest Hills:
92-37 Metropolitan Avenue, Forest Hills, NY 11375
Fax: (718) 275-3777

Empire:
113-02 Queens Boulevard, Forest Hills, NY 11375
Fax: (718) 544-3123

Astoria:
27-47 Crescent Street, Suite 107, Astoria, NY 11102
Fax: (718) 777-0920

Neighborhood RADIOLOGY Services, PC

1-800-220-2220
www.neighborhoodrad.com

Hewlett:
227 Franklin Avenue, Hewlett, NY 11557
Fax: (516) 569-8225

Elmont:
545 Elmont Road, Elmont, NY 11003
Fax: (516) 328-7132

Patient Name: [illegible]
Date: 10/27/22
Phone #:
DOB: / /
History/Diagnosis: 40 yrs Post MVA
Referring Physician: Theodore Chen [signature]
Phone: 7653649278
Address: 25-15 Crew[illegible]
Fax: 7184289936

STAT ☐
CD to go w/patient ☒
TIN: 473780447
NPI: 1154718757

MRI ☐ With contrast ☐ Without contrast

Neuro/ENT/Spine
- ☐ Brain
- ☐ Orbits
- ☐ Pituitary
- ☐ IAC's
- ☐ Sinuses
- ☐ TMJ
- ☐ Soft tissue neck
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ Brachial plexus
- ☐ Lumbosacral plexus

Extremity (R / L)
- ☐ Shoulder ☐ ☐
- ☐ Elbow ☐ ☐
- ☐ Wrist ☐ ☐
- ☐ Hand ☐ ☐
- ☐ Hip ☐ ☐
- ☐ Femur ☐ ☐
- ☐ Knee ☐ ☐
- ☐ Tibia/fibula ☐ ☐
- ☐ Ankle ☐ ☐
- ☐ Fore/midfoot ☐ ☐
- ☐ Mid/hindfoot ☐ ☐

Body
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis ☐ M ☐ F
- ☐ Bony pelvis
- ☐ Prostate
- ☐ MRCP

MR ANGIOGRAPHY
- ☐ Brain/COW
- ☐ Carotid arteries
- ☐ Thoracic aorta
- ☐ Abdominal aorta
- ☐ Renal arteries
- ☐ Lower extremity

MR VENOGRAPHY
- ☐ Brain
- ☐ Lower extremity

ARTHROGRAM (R / L)
- ☐ Shoulder ☐ ☐
- ☐ Hip* ☐ ☐
- ☐ Knee ☐ ☐

☐ **OTHER STUDY:**

CT ☐ With contrast ☐ Without contrast

Neuro/ENT/Spine
- ☐ Brain
- ☐ Orbits
- ☐ Pituitary
- ☐ Temporal bones
- ☐ Sinuses
- ☐ Soft tissue neck
- ☐ Dental maxilla[1]
- ☐ Dental mandible[1]
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ Sacrum/coccyx

Extremity (R / L)
- ☐ Shoulder ☐ ☐
- ☐ Elbow ☐ ☐
- ☐ Wrist ☐ ☐
- ☐ Hand ☐ ☐
- ☐ Hip ☐ ☐
- ☐ Femur ☐ ☐
- ☐ Knee ☐ ☐
- ☐ Tibia/fibula ☐ ☐
- ☐ Ankle ☐ ☐
- ☐ Foot ☐ ☐
- ☐ Scanogram ☐ ☐
- ☐ Arthrogram ☐ ☐

Body
- ☐ Chest
- ☐ Chest *high resolution*
- ☐ Chest *low dose*
- ☐ Cardiac scoring[1]
- ☐ Abdomen
- ☐ Urogram
- ☐ Pelvis
- ☐ Bony pelvis

CT ANGIOGRAPHY
- ☐ Carotid arteries
- ☐ Intracranial (Head)
- ☐ Thoracic aorta
- ☐ Pulmonary artery (CTPA)
- ☐ Renal arteries
- ☐ Abdominal aorta
- ☐ Lower extremity

CT VENOGRAPHY
- ☐ Brain
- ☐ Lower extremity
- ☐ **OTHER STUDY:**

[1]Not covered by insurance

☒ X-RAY

Head/ENT
- ☐ Skull
- ☐ Paranasal sinuses
- ☐ Soft tissue neck
- ☐ Nasal bones
- ☐ Facial bones
- ☐ Orbits

Chest
- ☐ Chest PA & lateral
- ☐ Sternum
- ☐ Ribs ☐ R ☐ L

Abdomen
- ☐ Flat/upright
- ☐ KUB

Spine
- ☒ Cervical spine
  - ☐ 2 views ☒ 3 views
  - ☐ Obliques ☒ Flex/Ext
- ☒ Thoracic spine
  - ☐ Routine ☐ Erect
- ☒ Lumbar spine
  - ☒ 3 views ☒ Obliques
  - ☒ Flex/Ext ☐ Erect
- ☐ Pelvis
- ☐ Sacrum/coccyx

Specialty Exams
- ☐ Skeletal survey
- ☐ Bone age

Extremity	R	L	BIL
☐ Shoulder	☐	☐	☐
☐ Humerus	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Radius/ulna	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Hand	☐	☐	☐
☐ Fingers	☐	☐	☐
☐ Hip	☐	☐	☐
☐ Femur	☐	☐	☐
☐ Knee	☐	☐	☐
☐ Tibia/fibula	☐	☐	☐
☐ Ankle	☐	☐	☐
☐ Foot	☐	☐	☐
☐ Toes	☐	☐	☐

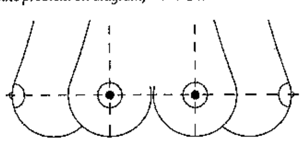
- ☐ Weightbearing
- ☐ **OTHER STUDY:**

WOMEN'S BREAST IMAGING

Mammography & Ultrasound
- ☐ Screening; Routine; Asymptomatic
- ☐ Breast Ultrasound ☐ Dense Breast
- ☐ 3D Breast Tomosynthesis*
- ☐ Diagnostic ______

(Indicate symptoms, personal history of BCA or benign biopsy)

(Indicate problem on diagram) ☐ BIL ☐ R ☐ L

Right  Left

Breast Biopsy**
- ☐ Sono guided biopsy ☐ R ☐ L
- ☐ Stereotactic biopsy ☐ R ☐ L

MRI Breast**
☐ With contrast ☐ Without contrast
- ☐ MRI Breast
- ☐ MRI Breast implants
- ☐ MRI guided biopsy*

BONE DENSITY

ULTRASOUND GUIDED BIOPSY
- ☐ Thyroid

ULTRASOUND
- ☐ Thyroid
- ☐ Soft tissue neck
- ☐ Hepatobiliary/RUQ
- ☐ Abdomen
- ☐ Renal/bladder
- ☐ Pelvis (female)
  - ☐ transabd & transvag ☐ transabd ☐ transvag
- ☐ Hysterosonogram
- ☐ Pelvis (male)
- ☐ Testicular/scrotum
- ☐ OB (1st Trimester)
- ☐ OB Level II (2nd Trimester)
- ☐ OB biophysical profile
- ☐ Perform w/duplex doppler *(if clinically indicated)*
- ☐ **OTHER STUDY:** ______

Musculoskeletal** ☐ BIL ☐ R ☐ L
- ☐ Diagnostic body part:

US COLOR DOPPLER/VASCULAR
- ☐ Carotid
- ☐ Hepatic/portal vein
- ☐ **Upper Extremity**
  - ☐ Arterial ☐ BIL ☐ R ☐ L
  - ☐ Venous ☐ BIL ☐ R ☐ L
- ☐ Aorta
- ☐ Renal arteries
- ☐ **Lower Extremity**

Fluoroscopy coming soon to Queens!
**Performed only at our Hewlett location*
***Performed only at our Hewlett and Forest Hills locations*
****Performed only at our Empire location*

FLUOROSCOPY*
- ☐ Esophagram
- ☐ Barium enema with air
- ☐ Upper GI with air
- ☐ Upper GI with air & Small Bowel Series
- ☐ Small bowel series
- ☐ Hysterosalpingogram

NUCLEAR MEDICINE***
- ☐ Bone Scan ☐ With Spect
- ☐ Whole Body
- ☐ Limited view *(Area)* ______
- ☐ 3 Phase Bone Joint *(Area)* ______
- ☐ Thyroid Pill, 24 Hour Uptake & Scan
- ☐ Liver Spleen Scan ☐ With Spect
- ☐ Hepatobiliary Scan ☐ With Ejection Fraction
- ☐ Parathyroid

CARDIOLOGY***
- ☐ Nuclear Stress Test
  - ☐ Treadmill Stress
  - ☐ Pharmacological Stress
- ☐ Treadmill Stress only
- ☐ MUGA with Ejection Fraction

NYC # 1073744793

Greenpoint Community Health Center

875 Manhattan Ave
Brooklyn, NY 11222
Tel. (718)630-3220
Appointment center: (718)388-5889

Appointment with Dr. Tadeusz W. Hoffman

On _____ at _____

WOODHULL NORTH BROOKLYN HEATH NETWORK

HOURS OF OPERATION

MONDAY 11:30 AM – 8:00 PM
TUESDAY- FRIDAY 8:30 AM – 5:00 PM
WEEKENDS & HOLIDAYS CLOSED

WOODHULL NORTH BROOKLYN HEALTH NETWORK

NEW PATIENT VISIT:

1. ID/ PASSPORT
2. PROOF OF INCOME
3. PROOF ADDRESS
4. SS CARD
5. BIRTH CERTIFICATE
6. PARENT MUST PROVIDE AN ID FOR CHILD'S VISIT
7. MEDICAL INSURANCE CARDS

REVISIT:

1. ID
2. PROOF OF ADDRESS
3. MEDICAL INSURANCE CARD

For Health plan question, please

260 Broadway
Brooklyn, NY 11211
718-963-8000

WOODHULL NORTH BROOKLYN HEALTH NETWORK

NEW PATIENT VISIT:

1. ID/ PASSPORT
2. PROOF OF INCOME
3. PROOF ADDRESS
4. SS CARD
5. BIRTH CERTIFICATE
6. PARENT MUST PROVIDE AN ID FOR CHILD'S VISIT
7. MEDICAL INSURANCE CARDS

REVISIT:

1. ID
2. PROOF OF ADDRESS
3. MEDICAL INSURANCE CARD

For Health plan question, please call Financial Counselor at (718) 630-3227 or (718) 630-3220

Greenpoint Community Health Center

875 Manhattan Ave
Brooklyn, NY 11222
Tel. (718)630-3220
Appointment center: (718)388-5889

Appointment with Dr. _____

On _____ at _____

WOODHULL NORTH BROOKLYN HEATH NETWORK
HOURS OF OPERATION

NYC HEALTH+ HOSPITALS | Cumberland
A Gotham Health Center

Ms. Katheline Pierre
421 8th ave #7942
NEW YORK, NY 10116

4/30/2021

Dear Katheline Pierre,
Patient DOB: 2/16/1993

This is a reminder for your upcoming appointment with Muhammad Sarfraz, MD.

Date: 5/03/21
Time: 12:20 PM
Department: Cumberland Greenpoint Chc
Location: Cumberland DTC
Visit Type: New Patient

Instructions: If you cannot reach the front desk for an appointment, please call 718-388-5889

Please arrive at 875 Manhattan Avenue - 3rd Floor by 12:20 PM to check in and fill out any necessary forms.

If for any reason you are unable to keep this appointment, please contact the office at 718-630-3220 to reschedule.

Sincerely,
Patient Service Specialist for Muhammad Sarfraz, MD

EALTH+ OSPITALS | Gotham Health
Cumberland

LOCATION	HOURS	TEL #
2nd Floor Room 203	8:30AM- 4:30PM Late coverage as needed	718-260-7744
Behavioral Health	9:00am- 5:00pm - Wednesdays 11am-7pm	718-260-7885
2nd Floor Room 203	8:30am-4:30pm -Tuesdays 11am-7pm	718-260-7689
3rd Floor Finance Office	8:00am -4:00pm -Thursdays 11am-7pm	718-260-7742
3rd Floor Finance Office	9:00am-5:00pm - Mondays 11am- 7pm	~~718-260-2690~~
on the1st, 2nd and 3rd Saturday 8:00am - 4:00pm		

NYC HEALTH+ HOSPITALS | Gotham Health

Financial Counselor

Cumberland Gotham Health Center
100 North Portland Avenue
Brooklyn, NY 11205
Tel: 718-260-7500; press "0" and ask for the Financial Counselor

Hours of operation:

Monday & Friday 9:00am to 7:00pm

Trains near by

2,3,4,5, – Nevins Str.

B, D, N, Q, R,- DeKalb Avenue

Buses near by

B54 & B62

CITYMD URGENT CARE

A Healthy Lifestyle: Care Instructions

Your Care Instructions

A healthy lifestyle can help you feel good, stay at a healthy weight, and have plenty of energy for both work and play. A healthy lifestyle is something you can share with your whole family. A healthy lifestyle also can lower your risk for serious health problems, such as high blood pressure, heart disease, and diabetes.

You can follow a few steps listed below to improve your health and the health of your family. Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Do not eat too much sugar, fat, or fast foods. You can still have dessert and treats now and then. The goal is moderation.
- Start small to improve your eating habits. Pay attention to portion sizes, drink less juice and soda pop, and eat more fruits and vegetables.
  - Eat a healthy amount of food. A 3-ounce serving of meat, for example, is about the size of a deck of cards. Fill the rest of your plate with vegetables and whole grains.
  - Limit the amount of soda and sports drinks you have every day. Drink more water when you are thirsty.
  - Eat at least 5 servings of fruits and vegetables every day. It may seem like a lot, but it is not hard to reach this goal. A serving or helping is 1 piece of fruit, 1 cup of vegetables, or 2 cups of leafy, raw vegetables. Have an apple or some carrot sticks as an afternoon snack instead of a candy bar. Try to have fruits and/or vegetables at every meal.
- Make exercise part of your daily routine. You may want to start with simple activities, such as walking, bicycling, or slow swimming. Try to be active 30 to 60 minutes every day. You do not need to do all 30 to 60 minutes all at once. For example, you can exercise 3 times a day for 10 or 20 minutes. Moderate exercise is safe for most people, but it is always a good idea to talk to your doctor before starting an exercise program.
- Keep moving. Mow the lawn, work in the garden, or clean your house. Take the stairs instead of the elevator at work.
- If you smoke, quit. People who smoke have an increased risk for heart attack, stroke, cancer, and other lung illnesses. Quitting is hard, but there are ways to boost your chance of quitting tobacco for good.
  - Use nicotine gum, patches, or lozenges.
  - Ask your doctor about stop-smoking programs and medicines.
  - Keep trying.

In addition to reducing your risk of diseases in the future, you will notice some benefits soon after you stop using tobacco. If you have shortness of breath or asthma symptoms, they will likely get better within a few weeks after you quit.

- Limit how much alcohol you drink. Moderate amounts of alcohol (up to 2 drinks a day for men, 1 drink a day for women) are okay. But drinking too much can lead to liver problems, high blood pressure, and other health problems.

Family health

If you have a family, there are many things you can do together to improve your health.

- Eat meals together as a family as often as possible.
- Eat healthy foods. This includes fruits, vegetables, lean meats and dairy, and whole grains.
- Include your family in your fitness plan. Most people think of activities such as jogging or tennis as the way to fitness, but there are many ways you and your family can be more active. Anything that makes you breathe hard and gets your heart pumping is exercise.

Here are some tips:

- Walk to do errands or to take your child to school or the bus.
- Go for a family bike ride after dinner instead of watching TV.

Where can you learn more?

Go to http://www.healthwise.net/ed

Enter **U807** in the search box to learn more about **"A Healthy Lifestyle: Care Instructions".**

Summary of Today's Visit

Pierre , Katheline DOB:02/16/1993
Account No 3747166
Sex:Female
Race:American Indian or Alaska Native
Ethnicity:Hispanic or Latino
Preferred Language:English
04/30/2021 visit with Evan Poncher, MD

Medication List

- Start Naprosyn(Naproxen) : 500 MG 1-2 tablets Orally 2 times a day,10 days ,20 tablets ,Refills: 0 , stop date: 05/10/2021

Notes: A Healthy Lifestyle: Care Instructions material was printed

Preventive Medicine

Concussion and HEAD INJURY (adult)

Your Care Instructions

: A concussion is a kind of injury to the brain. It happens when the head receives a hard blow. The impact can jar or shake the brain against the skull. This interrupts the brain''s normal activities. Although you may have cuts or bruises on your head or face, you may have no other visible signs of a brain injury. In most cases, damage to the brain from a concussion can''t be seen in tests such as a CT or MRI scan.

For a few weeks, you may have low energy, dizziness, trouble sleeping, a headache, ringing in your ears, or nausea. You may also feel anxious, grumpy, or depressed. You may have problems with memory and concentration. These symptoms are common after a concussion. They should slowly improve over time. Sometimes this takes weeks or even months. Someone who lives with you should know how to care for you. Please share this and all information with a caregiver who will be available to help if needed.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It''s also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

Pain control

Put ice or a cold pack on the part of your head that hurts for 10 to 20 minutes at a time. Put a thin cloth between the ice and your skin.

Be safe with medicines. Read and follow all instructions on the label.

If the doctor gave you a prescription medicine for pain, take it as prescribed.

If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

Recovery

Follow your doctor''s instructions. He or she will tell you if you need someone to watch you closely for the next 24 hours or longer.

Rest is the best way to recover from a concussion. You need to rest your body and your brain:

Get plenty of sleep at night. And take rest breaks during the day.

Avoid activities that take a lot of physical or mental work. This includes housework, exercise, schoolwork, video games, text messaging, and using the computer.

You may need to change your school or work schedule while you recover.

Return to your normal activities slowly. Do not try to do too much at once.
Do not drink alcohol or use illegal drugs. Alcohol and illegal drugs can slow your recovery. And they can increase your risk of a second brain injury.
Avoid activities that could lead to another concussion. Follow your doctor"s instructions for a gradual return to activity and sports.
Ask your doctor when it"s okay for you to drive a car, ride a bike, or operate machinery.
How should you return to activity?
Your return to sports or activity should be gradual. It should only begin when all symptoms of a concussion are gone, both while at rest and during exercise or exertion.

Doctors and concussion specialists suggest steps to follow for returning to sports after a concussion. Use these steps as a guide. In most places, your doctor must give you written permission for your child to begin the steps and return to sports. You should slowly progress through the following levels of activity:

1.No activity. This means complete physical and mental rest.
2.Light aerobic activity. This can include walking, swimming, or other exercise at less than 70% of maximum heart rate. No resistance training is included in this step.
3.Sport-specific exercise. This includes running drills or skating drills (depending on the sport), but no head impact.
4.Noncontact training drills. This includes more complex training drills such as passing. The athlete may also begin light resistance training.
5.Full-contact practice. The athlete can participate in normal training.
6.Return to normal game play. This is the final step and allows the athlete to join in normal game play.
Watch and keep track of your progress. It should take at least 6 days for you to go from light activity to normal game play.

Make sure that you can stay at each new level of activity for at least 24 hours without symptoms, or as long as your doctor says, before doing more. If one or more symptoms come back, return to a lower level of activity for at least 24 hours. Don"t move on until all symptoms are gone.

When should you call for help?
Call 911 anytime you think you may need emergency care. For example, call if:

You have a seizure.
You passed out (lost consciousness).
You are confused or can"t stay awake.
Call your doctor now or seek immediate medical care if:

You have new or worse vomiting.
You feel less alert.
You have new weakness or numbness in any part of your body.
Watch closely for changes in your health, and be sure to contact your doctor if:

You do not get better as expected.
You have new symptoms, such as headaches, trouble concentrating, or changes in mood.

Smoking Status

- Patient is a NON smoker

ALLSTAR MEDICAL SUPPLY-ORDER FORM

Fax – 800-887-4198

Patient's Name: Kathleen Preppe **Phone:** 1

Insurance/ID #: MVJAC 641552 **DOB:** 2/16/93

Address: 421 8THAV NY NY 10116

PATIENT REQUIRES (please check ALL that apply)

- [x] LUMBAR SACRAL BRACE [LSO] (L0631/L0648)+TWIN STIM/GARMENT (E0745/E0731)
- [ ] THORACIC LUMBAR SACRAL BRACE [TLSO] (L0456/L0457)+TWIN STIM/GARMENT (E0745/E0731)
- [ ] KNEE BRACE [ ]L [ ]R (L1832/L1833)+SUS SLV (L2397)+TWIN STIM/GARMENT (E0745/E0731)
- [ ] UNLOADER KNEE BRACE [ ]L [ ]R (L1843/L1851)+SUS SLV (L2397)+TWIN STIM/GARMENT(E0745/E0731)
- [ ] SCOLIOSIS BRACE (L1005)+TWIN STIM/GARMENT (E0745/E0731)
- [ ] WRIST SPLINT [ ]L [ ]R (L3915/L3916)+TWIN STIM/GARMENT (E0745/E0731)
- [ ] TWIN STIM/GARMENT (E0745/E0731)
- [ ] OTHER ITEM(S): Tens, Cane, cervical traction

QUANTITY: _____

PRIMARY SPINAL-RELATED DIAGNOSIS (please check ALL that apply)

[ ]M51.37 Lumbar Degenerative Disc Disease	[ ]M48.07 Lumbar Spinal Stenosis
[ ]M43.17 Lumbar Spondylolisthesis	[ ]M48.04 Thoracic Spinal Stenosis
[x]M51.27 Lumbar Disc Displacement	[ ]M47.817 Spondylosis wo/Myelopathy
[ ]M96.1 Post Laminectomy Syndrome	[ ]S32.009A Compression Fracture Lumbar
[ ]M81.0 Osteoporosis wo/Fracture	[ ]S22.000A Compression Fracture Thoracic
[ ]M80.00XA Osteoporosis w/Fracture	[x]M40.50 Lordosis Unspecified
[x]S33.5XXA Lumbar Strain/Sprain	[ ]M41.9 Scoliosis Unspecified
[x]S23.3XXA Thoracic Strain/Sprain	[ ]M40.209 Kyphosis Unspecified

SECONDARY SPINAL-RELATED DIAGNOSIS (please check ALL that apply)

[x]M54.5 Low Back Pain [ ]I69.398 CVA [ ]R26.9 Gait Abnormality [x]M62.81 Muscle Weakness

PRIMARY KNEE-RELATED DIAGNOSIS (please check ALL that apply)

[ ]M17.11 Osteoarthritis of Knee RT	[ ]S83.421A Sprain/Strain LCL RT
[ ]M17.12 Osteoarthritis of Knee LT	[ ]S83.422A Sprain/Strain LCL LT
[ ]M06.861 Rheumatoid Arthritis of Knee RT	[ ]S83.411A Sprain/Strain MCL RT
[ ]M06.862 Rheumatoid Arthritis of Knee LT	[ ]S83.412A Sprain/Strain MCL LT
[ ]M22.41 Patellar Chondromalacia of Knee RT	[ ]S83.511A Sprain/Strain ACL RT
[ ]M22.42 Patellar Chondromalacia of Knee LT	[ ]S83.512A Sprain/Strain ACL LT
[ ]M23.91 Internal Derangement of Knee RT	[ ]S83.521A Sprain/Strain PCL RT
[ ]M23.92 Internal Derangement of Knee LT	[ ]S83.522A Sprain/Strain PCL LT
[ ]S83.206A Tear of Meniscus RT	[ ]S83.31XA Articular Cartilage Tear RT
[ ]S83.207A Tear of Meniscus LT	[ ]S83.32XA Articular Cartilage Tear LT

SECONDARY KNEE-RELATED DIAGNOSIS (please check ALL that apply)

[ ]M23.51 Instability of Knee RT	[ ]I69.398 CVA	[ ]R26.9 Gait Abnormality
[ ]M23.52 Instability of Knee LT	[ ]M62.81 Muscle Weakness	[ ]G89.29 Chronic Pain

DRAWER TEST FOR JOINT LAXITY OF KNEE

[ ] Failed Test [ ] Passed Test [ ] Different Assessment: _____

OTHER DIAGNOSIS (write in ALL that apply)

[ ] Other: _____

THERAPEUTIC OBJECTIVES (please check ALL that apply)

KNEE-RELATED(MUST CHECK ONE):	SPINAL-RELATED(MUST CHECK ONE):
[ ] Fall Prevention	[x] Facilitate healing following injury to spine
[x] Reduce Reliance on Narcotics	[x] Facilitate healing following surgery on spine
[x] Avoidance of Surgery	[x] Support spinal muscles and/or deformed spine
[x] Improve Stability	[x] Reduce pain by restricting mobility of trunk

LENGTH OF NEED (check one)

[ ] 2-3 months [x] 4-6 months [ ] 6-8 months [ ] 99 months (LONG TERM)

STATEMENT OF MEDICAL NECESITY

I certify that the patient has the medical condition(s) listed and is being treated by me. This form can take the place of a normal physician prescription. All the information contained on this physician's order accurately reflects the patient's medical condition(s) and is medically necessary with reference to the standards of medical practice for this patient's condition(s). The medical records for this patient substantiate the prescribed treatment plan.

Provider: Theodory Nonos **NPI:** 1043383349

Provider Signature: _____ **Dated:** 1/12/21

EZ PROCESSING, LLC

PATIENT REGISTRATION FORM

Patient Enrollment

Injury/Accident Date: 10/20/2020

First Name: KATHELINE
Last Name: PIERRE
DOB: 02/16/1993
Sex:
SSN: 000-00-0000
Marital Status: Other
Address: 421 8 TH AVE
City: NEW YORK
State: NY
Home Phone: (347)762-5736
Work Phone:
Zip Code: 10116

Insurance Information

Insurance: MVAIC

Career Case/Policy#: N/A
Group/Claim#: 641552
WCB#:
Address: 100 WILLIAM ST, 14TH FL
City: NEW YORK
State: NY
Zip Code: 10038

Primary Insured

Completed only if different than patient

First Name:
Last Name:
Sex:
Address:
City:
State:
Zip Code:
Relationship to Patient: Others

Lawyer Information

Name: BRODERICK, BRANDON
Address:
City:
State:
Zip Code:
Phone: (201)882-7872
Fax:

NRS | NEIGHBORHOOD RADIOLOGY SERVICES, PC

1-800-220-2220 • www.neighborhoodrad.com

Astoria
27-47 Crescent Street, Ste 107, Astoria, NY 11102 P: 718 777 0300 • F: 718 777 0920
Forest Hills - Metropolitan Avenue • 92-37 Metropolitan Avenue, Forest Hills, NY 11375
Forest Hills - Queens Boulevard • 113-02 Queens Boulevard, Forest Hills, NY 11375
Sunnyside - Queens Boulevard • 47-16 Greenpoint Avenue, Sunnyside, NY 11104
Hewlett • 227 Franklin Avenue, Hewlett, NY 11557
Elmont • 545 Elmont Road, Elmont, NY 11003

THEODORE XENOS, DC
25-15 CRESCENT ST
ASTORIA NY 11102

RE:PIERRE, KATHELINE **DOS:11/06/2020**
MRN:AST129111
DOB:02/16/1993
X-RAY THORACIC SPINE

CLINICAL HISTORY: Pain post trauma 2 weeks ago.

COMPARISON: None

TECHNIQUE: 2 views Thoracic spine

There is a mild scoliotic curvature. There is no evidence of acute fracture, subluxation, or dislocation. No significant degenerative osteoarthritic changes are identified.

Impression:
Scoliosis otherwise unremarkable exam.

Thank you for the courtesy of this referral.

Sincerely,

Dictated by: JOSEPH RACANELLI M.D.
Electronically approved by: JOSEPH RACANELLI M.D.

JR:/PI
Transcription Date/Time: 11/10/2020 12:26 PM

CC:

ACCESS HRA YOUR WAY

MENU

< Back

Case Details

Reasonable Accommodations in effect: Shorter Wait Times

Reasonable Accommodations in effect: Shorter Wait Times

Cash Assistance (CA)

Active

Case # **00008631024A**

Next Recertification Due: May 2025

Cash Assistance, SNAP (Food Stamps), and Medicaid

I need to...

- Update Contact Information >
- Print Statement of Benefits >
- Request Budget Letter >
- Request Case Change or Grant >
- Close My Case >
- View Payments >
- View Appointments >
- View E-Notices >

Residence Address:
421 8TH AVE, 7942
NEW YORK, NY 10116

Mailing Address:
Your Mailing Address is the same as your Residence Address on file.

Assigned Center:
Hunts Point Job Center
847 Barretto St
Bronx, NY 10474

KATHELINE PIERRE
(2/16/1993)

View Documents >

CA Status

Active

SNAP Status

Active

MA Status

Active

Notes

Non-ABAWD and not subject to ABAWD rules

If you have a medical or mental health condition or a learning issue that makes it hard for you to meet HRA requirements, you can ask for help. Call 718-557-1399 and ask about reasonable accommodations.

Questions?
Call HRA Infoline at 718-557-1399